



*State of Louisiana*  
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

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GOVERNOR

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August 14, 2002

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2003-13

TO: All ISIS HR-Paid Agencies

FROM: Jena W. Cary  
Director

SUBJECT: Deceased Employee's Final Payments

Wages paid on the behalf of a deceased employee follow special tax treatment and employer reporting requirements. When wages are paid after the death of an employee, regardless of when the wages were earned, the payment is taxable income to the payee (which is generally the estate of or a beneficiary of the deceased employee). Taxes withheld from such wages vary depending on the nature and timing of the payments. ISIS HR On-line Help aids agencies in processing the final payment for Year of Death (YOD) and Year after Death (YAD). Using the correct tax model will ensure the correct taxing of the payment and will allow OSUP to run reports to generate the necessary 1099(s) at year end. Please use the following guidelines to ensure that the laws that govern "Deceased Employee's Payments" are adhered to:

1. Notify OSUP as soon as possible that an employee has deceased.
2. Follow On-line Help for instructions on processing the final payment.
3. Process a regular period on demand check using **only** "check" as the payment method. **(Notify OSUP when payment is entered into ISIS. The check will be pulled, verified for correct taxing and forwarded to the agency.)**
4. Change the payee's name using guidelines below. **(Never process final payment payable to the deceased employee.)**

**If the gross of the final check is less than \$6,000.00:**

The check must be made payable to a surviving spouse, major child, or the estate of the deceased employee.

**If the gross of the final check is more than \$6,000.00:**

The first \$6,000.00 can be made payable to the surviving spouse or major child. Any amount over \$6,000.00 **must** be made payable to the estate of the deceased employee.

5. Before the release of a deceased employee's final check, the following forms must be completed. These forms, along with a copy of the check, must be sent

to OSUP. The agency must also notify the Department of Revenue within 10 days of the release of funds payable to the surviving spouse or major child. See below for the forms needed by OSUP and Revenue.

**Payments made to the surviving spouse or major child:**

All of the forms below must be completed with the payee's name and Social Security number to ensure correct reporting. (Copy and sample of forms are attached.) See the website listed below for the statute listing the Department of Revenue's requirements.

<http://www.legis.state.la.us/tsrs/tsrs.asp?lawbody=RS&title=9&section=1515>

<b><u>Forms:</u></b>	<b><u>Copies Must Be Sent To:</u></b>
W-9 (Taxpayer Identification Number & Certification)	OSUP
Affidavit (sample)	OSUP & Revenue
Release (sample)	OSUP & Revenue
Form 1099 Request (OSUP/F52)	OSUP

**Payments made to the Estate of deceased employee:**

All of the forms below must be completed with "Estate of deceased employee's name" and the deceased employee's Social Security number or the estate's tax identification number. (Copy of forms are attached)

<b><u>Forms:</u></b>	<b><u>Copies Must Be Sent To:</u></b>
W-9 (Taxpayer Identification Number & Certification)	OSUP
Form 1099 Request (OSUP/F52)	OSUP

Refer to OSUP Memorandum #2000-49 dated February 10, 2000 and #2001-23 dated November 22, 2000 for more information. Questions on how to process payment in ISIS HR should be directed to the ISIS Help Desk at (225) 342-2677. All other questions and copies of all necessary forms should be directed to a member of the OSUP Wage and Tax Administration Unit at (225):

Rhonda Desselle	342-8928	Rachel Bryant	342-1651
Dorothy Piazza	342-1652	Lawanna Green	342-0714
Wendy Eggert	219-0191	Fax Number	342-1650

JWC:cm:kmb

Attachments: [W-9 \(Taxpayer Identification Number & Certification\) Form](#)  
[Affidavit \(sample\)](#)  
[Release \(sample\)](#)  
[Form 1099 Request \(OSUP/F52\) Form](#)

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
+
or
Employer identification number
+

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You **will not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

**5.** You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

**SAMPLE AFFIDAVIT FOR DECEASED WAGES  
BEING PAID UNDER LA R.S. 9:1515**

Name of deceased employee: \_\_\_\_\_

Amount of check paid:      Gross: \$\_\_\_\_\_ Net: \$\_\_\_\_\_

Name of Payee: \_\_\_\_\_

\*\*\*FORWARD AFFIDAVIT AND A COPY OF THE RELEASE DOCUMENT TO THE  
INHERITANCE SECTION OF THE DEPARTMENT OF REVENUE WITHIN TEN  
CALENDAR DAYS OF THE RELEASE OF THE FUNDS.



**SAMPLE RELEASE DOCUMENT FOR DECEASED WAGES  
BEING PAID UNDER LA R.S. 9:1515**

Name of deceased employee: \_\_\_\_\_

Address of deceased employee: \_\_\_\_\_

Date and Place of death of deceased employee: \_\_\_\_\_  
(Date) (Place of Death)

Relationship of payee to deceased employee: \_\_\_\_\_  
**(Surviving Spouse or if no Surviving Spouse, Adult child of deceased employee are the only acceptable payees under statute.)**

Name and Address of surviving spouse, or children, if any, of deceased employee:  
Add additional lines as needed.

\_\_\_\_\_  
(Name of Surviving Spouse or Child)

\_\_\_\_\_  
(Address of Surviving Spouse or Child)

\_\_\_\_\_  
(Name of Surviving Spouse or Child)

\_\_\_\_\_  
(Address of Surviving Spouse or Child)

\_\_\_\_\_  
(Name of Surviving Spouse or Child)

\_\_\_\_\_  
(Address of Surviving Spouse or Child)

\_\_\_\_\_  
(Name of Surviving Spouse or Child)

\_\_\_\_\_  
(Address of Surviving Spouse or Child)

\_\_\_\_\_  
(Witness 1)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness 2)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_ have received check no. \_\_\_\_\_ in the gross amount of  
(Name of Payee)

\$\_\_\_\_\_, net amount of \$\_\_\_\_\_, on behalf of \_\_\_\_\_  
(deceased employee)

on \_\_\_\_\_  
(Date of Receipt)

\_\_\_\_\_  
(Signature of Payee)

\_\_\_\_\_  
(Date)

**OFFICE OF STATE UNIFORM PAYROLL  
FORM 1099 REQUEST**

Pers Area # \_\_\_\_\_

TO: Office of State Uniform Payroll  
1201 North Third Street, Suite 6-150  
Baton Rouge, LA 70802

FROM: \_\_\_\_\_  
\_\_\_\_\_  
Agency Name

DATE: \_\_\_\_\_

Please issue the following Form 1099 for **Tax Year** \_\_\_\_\_:

<b>1099-MISC</b> [ ] for wages paid on behalf of a deceased employee.	<b>or</b>	<b>1099-INT</b> [ ] for interest paid pursuant to a back pay award.
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Employee Information:

\_\_\_\_\_  
Employee Name                      - - - - -  
Social Security Number

Payment Information:

**Payee** \_\_\_\_\_ - - - - - **or** - - - - -  
Social Security Number                      Taxpayer Identification Number of  
decedent's estate

**Check Date:** \_\_\_\_\_

**Gross Amount:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Net Amount:** \_\_\_\_\_

**Interest Amount:** \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Signature                      /                      Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

Attachment(s): Proof of Payment (Remuneration Statement and/or copy of check)  
Form W-9 (Completed with payee information for deceased employee only)  
Affidavit (Deceased employee wages paid to surviving spouse or major child)  
Release (Deceased employee wages paid to surviving spouse or major child)